

Return to:  
Kansas Dept. of Health & Environment  
Bureau of Water - Geology  
Curtis Bldg. - 1000 SW Jackson, Ste. 420  
Topeka, Kansas 66612-1367

Application No. \_\_\_\_\_  
(Please leave blank)

(Type or print in ink)

## APPLICATION FOR WATER WELL CONTRACTOR LICENSE

Date \_\_\_\_\_

(A) 1. I, \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
(City) (County) (State) (Zip)

Do hereby make application for a license to do business as a water well contractor in the State of Kansas.

2. I intend to do business as a (an) \_\_\_\_\_  
(Individual, Firm, Partnership, Corporation)

under the business name of \_\_\_\_\_

\_\_\_\_\_  
(Street address or P.O. Box) (City) (State) (Zip)

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

3. Age of Applicant \_\_\_\_\_. Length of residence in Kansas \_\_\_\_\_ Years.

### (B) Experience

#### (1) Individual Drillers:

a. Commenced drilling water wells on or about \_\_\_\_\_.  
(Date)

b. Years of Experience in the capacity of:

Driller \_\_\_\_\_ Foreman \_\_\_\_\_ Tool Pusher \_\_\_\_\_

c. Approximate number of types (domestic, irrigation, industrial, municipal) of water wells drilled during past five (5) years.

\_\_\_\_\_  
\_\_\_\_\_

During past year \_\_\_\_\_

#### (2) Firm, Partnership, Corporation:

Give the name of each driller and a record of his experience on a separate sheet.

- (C) If licensed in another state, name the state and license number and issuing agency, agency address and phone number. \_\_\_\_\_
- \_\_\_\_\_
- (D) References: Three (3) references on Kansas Department of Health and Environment form WWC-2, are required. One must be from another water well contractor and two from persons not related to you.
- (E) Drilling Equipment: Attach a complete copy of Kansas Department of Health and Environment form WWC-3 for each drill rig operated by or for you.

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### AFFIDAVIT

I hereby certify that the statements made in this application and attachments, which are part of hereof, are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Applicant's Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_

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To be complete, the following must accompany this application:

1. A \$10.00 application fee, check, bank draft or money order, payable to the Kansas Department of Health and Environment.
2. Three references on form WWC-2 provided.
3. Description of each drill rig on form WWC-3 provided.
4. Upon completion and passing of examination, if required, a \$100.00 contractor's license fee and a \$25.00 drill rig fee (a \$25.00 fee is required for each drill rig operated by or for you) is due, payable by check, bank draft or money order to the Kansas Department of Health and Environment.